,		PART E	B - FEE(S) TRANS	SMITTAL		
·	IAN	er with applicable	P A or <u>Fax</u> (\$	O. Box 1450 lexandria, Virgi 571)-273-2885	inia 22313-1450	B
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APPLICATION NO.	FILING DATE	· · · · · · · · · · · · · · · · · · ·	FIRST NAMED INVENTO	)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/642,219	08/18/2003		Shih-Chang Ku	*	BHT-3167-150	2219
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	<u>\$1400</u>	02/07/2007
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EXAMINER ART UNIT		<u></u>	CLASS-SUBCLASS 361-703000			
-	GREGORY D	2835		natent front nage lie	<u> </u>	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)		
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(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Via Technologies, Inc.  Taipei, Taiwan, R.O.C.						
	ologies, Inc.	•	<b>-</b> ·			
Please check the appropr	iate assignee category or	r categories (will not be pr	rinted on the patent):	Individual XX Co	orporation or other private gr	oup entity Government
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